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<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571/273-2885</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/071,282 Filed: 02/07/2002 Docket No. A02P1013US01	Number of pages being sent: <u>2</u> (including cover page)

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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36802 7590 06/02/2005

PACESETTER, INC.  
15900 VALLEY VIEW COURT  
SYLMAR, CA 91392-9221

08/25/2005 H01NESS2 00000014 160068 10071282

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Cristene Anador

(Depositor's name)



(Signature)

08/24/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/071,282	02/07/2002	Mark W. Kroll	A02P1013US01	2439

TITLE OF INVENTION: SYSTEM AND METHOD FOR EVALUATING RISK OF MORTALITY DUE TO CONGESTIVE HEART FAILURE USING PHYSIOLOGIC SENSORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/02/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	607-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PACESETTER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court  
Sylmar, CA 91392-9221Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Date

8/24/05

Typed or printed name

Derrick Reed

Registration No.

40,138

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